

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3	/						53		0				
4		/					54		0				
5	/						55	/		/			
6		/					56		/				
7	/						57	/		/			
8							58		3		/		
9		0					59		0				
10		0					60	/		/			
11		0					61		/		/		
12	/		/				62		2				
13		/					63		0				
14		/					64		0				
15		/					65	/		/			
16	/						66		/		/		
17		/					67		2		/		
18		/					68		0		/		
19	/						69		0		/		
20		/					70		0		/		
21		/					71		0		/		
22		0					72		0		/		
23		0					73		0		/		
24		0					74	/		/			
25		0					75		0		/		
26	/		/				76	/					
27		/					77	/					
28		/					78	/					
29	/						79	/					
30		/					80				/		
31		/					81						
32		/					82						
33	/						83						
34		/					84						
35		/					85						
36		/					86						
37		0					87						
38		0					88						
39		0					89						
40	/		/				90						
41		/					91						
42		/					92						
43		3					93						
44	/		/				94						
45		/					95						
46		/					96						
47		/					97						
48		0					98						
49	/						99						
50		/					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL							TOTAL CLAIMS						